

# Student Commute Survey

Student Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Information on Student Commute Modes.** Please check ☒ how you commuted TO school for the week of \_\_\_\_\_ to \_\_\_\_\_. If you take more than one commute mode on a particular day, check the primary commute mode for each day of your week.

Commute Mode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total # of One-Way Trips
Drive Alone								
Carpool*								
Vanpool **								
Boat/Ferry								
Public Transit								
Bicycle								
Walk								
Other e.g. motorcycle								
Off Campus***								

\*A carpool carries 2 to 7 passengers. \*\*A vanpool carries 8 or more passengers. \*\*\* includes vacation, sick, no classes, etc.

**B. Student Information.** Please provide the following information. Check ☒ if "yes". Do you:

- ☐ Attend school full-time and do not live on campus?
- ☐ Begin and complete your classes between the hours of 6 a.m. and 8 p.m.  
Scheduled to begin classes at: \_\_\_\_\_ Scheduled to end classes at: \_\_\_\_\_
- ☐ Use your vehicle for carrying out class assignments less than five times a month?

**C. Commute Background Information.** Please provide the following information about your commute to school:

1. Why have you chosen your commute method? \_\_\_\_\_
2. Are you interested in (check if "yes"): carpooling ☐ vanpooling ☐ bicycling ☐ public transit ☐  
walking to school ☐ other \_\_\_\_\_
3. What can this facility do to encourage you to take public transit (e.g. local bus service)?  
\_\_\_\_\_  
\_\_\_\_\_
4. What can this facility do to encourage you to take alternatives forms of transportation (e.g. carpooling, vanpooling, bicycling, etc.)? \_\_\_\_\_  
\_\_\_\_\_
5. What city/town do you commute from? \_\_\_\_\_

***Thank you for responding to this survey.***